

## What is a Buruli Ulcer?

Buruli ulcer is a disease that causes significant skin ulceration; it is caused by the bacterium *Mycobacterium Ulcerans*.

The toxins made by the bacteria destroy skin cells, small blood vessels and fat under the skin, which causes ulceration and skin loss.

The bacteria is found in the environment. In Australia, it is most prevalent in Queensland and Victoria. In Victoria, it is currently highly active on the Mornington and Bellarine Peninsulas.

The infection can occur on any area of the body but often on exposed areas such as hands, legs and arms.

## What are the causes?

While it is not known exactly how this disease is transmitted, to contract this infection the bacteria needs to get under your skin.

The bacteria has been isolated in mosquitos, soil and possum faeces.

Some theories include:

- Transmission from a mosquito bite.
- Through an open wound.
- Traumatic wounds whilst gardening.

It **does not** transmit from person to person.

## How does it start?

- It can begin as a painless lump (nodule), often mistaken for an insect bite.
- Over weeks or months, the lump may develop into a deep ulcer.
- A scab (covering an ulcer).
- Painful red area of swelling of the skin.

It can be itchy but most often it is painless and can take 1-9 months before a nodule or ulcer appears.

## How is it diagnosed?

A Buruli ulcer is diagnosed using a highly sensitive PCR (polymerase chain reaction) test on samples collected from a wound swab or tissue biopsy.

- **Swabs:**

For ulcerated lesions, a dry swab is used to collect material from the wound base. This can be performed in a consultation.

- **Biopsies:**

If the lump/nodule is not ulcerated, a tissue biopsy is necessary for a reliable PCR test. For non-ulcerated lesions, a punch biopsy is recommended, as swabs may give false negative results.

This is a minor procedure which can be booked in at all our clinic locations.

Results can take between 3-7 days.

## What is the treatment?

Once a diagnosis is confirmed, a referral will be made to an Infectious Disease Specialist.

At SCM, we generally refer our patients to Professor Dan O'Brien. He currently is the Deputy Director of the Department of Infectious Diseases at The Geelong Hospital and is a Clinical Associate Professor in the Victorian Infectious Diseases Service and Department of Medicine (University of Melbourne) at The Royal Melbourne Hospital.

One of his main interests is the treatment and prevention of Buruli ulcer. He is a member of the World Health Organisation technical working group for the drug treatment of Buruli ulcer.

Dan provides clinical consultations on Buruli Ulcer at the Sorrento Medical Centre and Geelong Private Consulting Suites.

He will prescribe the antibiotics required which do not involve an out-of-pocket expense.

Current Buruli ulcer treatment involves a 6–8-week course of combination oral antibiotics, but current trials are exploring a shorter duration antibiotic called Telacebec, which could offer a safer, faster, and more tolerable treatment by potentially reducing the treatment length to 2–4 weeks.

The standard treatment uses rifampicin usually in combination with clarithromycin, but the new clinical trial aims to validate Telacebec as a single-drug therapy.

## What are the costs involved?

Most people can manage dressing the wound themselves, however we have highly experienced nursing staff who can assist you with managing your buruli ulcer. We encourage regular wound dressings to monitor progress/changes and possible debridement of the wound. The ulcers are known to worsen before they get better once antibiotic treatment begins.

You will be required to purchase the topical ointments and coverings that are required to dress your wound appropriately in addition to a fee to see our nurse.

We are aware of the commitment and the cost and aim to bulk bill you every second visit.

## How to reduce the risk of infection

Protect yourself when outdoors:

- Use insect repellent (picaridin or DEET based)
- Cover up and protect existing cuts.
- Promptly wash and dress any scratches received after being outdoors.
- Wear long-sleeved shirts, shoes, pants and gardening gloves when gardening.

## EARLY detection improves outcome

*If you have a slow-healing skin lesion/ulcer/ persistent lump or swelling, **book an appointment immediately** with any of our GPs or nurses.*

*We are an experienced medical team who have successfully treated this condition for many years.*

## Our Locations:

### Rye

2 Ozone Street, Rye 3941  
Ph. (03) 5985 7776  
Fax (03) 5985 7819

### Dromana

Level 1/1 O'Donohue St,  
Dromana 3936  
Ph. (03) 5981 4300  
Fax (03) 5987 0891

### Rosebud

1537 Point Nepean Rd, Capel Sound  
3940  
Ph. (03) 5986 2155  
Fax (03) 5982 2155

### Blairgowrie

2841 Point Nepean Rd, Blairgowrie 3942  
Ph. (03) 5988 8604  
Fax (03) 5988 9052

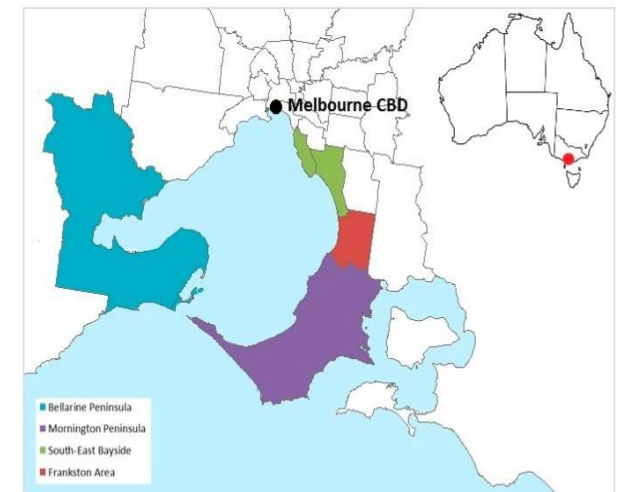
[www.scmc.com.au](http://www.scmc.com.au)

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Version 3 - 2025



## MYCOBACTERIUM ULCERANS

Also known as the



## BURULI OR BAIRNSDALE ULCER